

L12000091469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

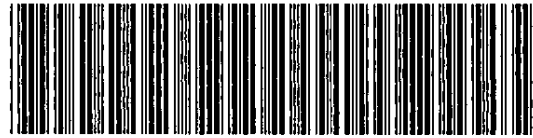
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 27 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEDARS AGBG HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jazmin Blel
Name of Person

Firm/Company

446 NW 97 PL
Address

Miami, FL 33172
City/State and Zip Code

yazmin_mb@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jazmin Blel at (**786**) **797-4529**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 JUL 26 PM 10:08
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CEDARS AGBG HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/16/2012 and assigned Florida document number L12000091469.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---------------------------------|--|
| MGR | Jazmin Blel | 446 NW 97 PL Miami, FL 33172 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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 JUL 26 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated July 25, 2012

Jazmin Blel
 Signature of a member or authorized representative of a member

Jazmin Blel
 Typed or printed name of signee